

PTO/SB/51 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

41766-1

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,783,700, granted July 21, 1998, and for which a reissue patent is sought on the invention entitled _____

QUINOLIC ACID DERIVATIVES,
the specification of which

☐ is attached hereto.

☒ was filed on 7/20/2000 as reissue application number 09 / 625,018
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

The issued patent does not claim the method of synthesizing the claimed compounds, and the synthesis is described in the specification.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 41766	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s)	Kenneth M. Bush	Registration Number	40,544
	Russell L. Sandidge		36,911
	Russell C. Gache'		39,985
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		→	Place Customer Number Bar Code Label here
OR Type Customer Number here			
<input checked="" type="checkbox"/> Firm or Individual Name	Kenneth M. Bush, Esquire		
Address	Sirote & Permutt, P.C.		
Address	P.O. Box 55727		
City	Birmingham	State	AL ZIP 35255-5727
Country	United States		
Telephone	(205) 930-5383	Fax	(205) 930-5101
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name)			
Alfred C. Nichols			
Inventor's signature <i>Alfred C. Nichols</i>			
Residence	Date 8-21-00		
111 W. Oak Hill Dr. Florence, AL			
Post Office Address	Citizenship		
P.O. Box 2037, Auburn, AL 35633 United States			
Full name of second joint inventor (given name, family name)			
K. Lemone Yielding			
Inventor's signature <i>K. Lemone Yielding</i>			
Residence	Date 9/5/00		
511 Woodland Dr., Tuscumbia, AL			
Post Office Address	Citizenship		
511 Woodland Dr., Tuscumbia, AL 35674 United States			
Full name of third joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Post Office Address			
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT INVENTOR**

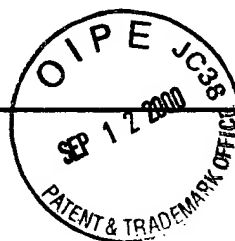
Docket No.
41766-1

Serial No.
09/625,018

Filing Date
7/20/2000

Patent No.

Issue Date

Applicant/ Alfred C. Nichols and K. Lemone Yielding
Patentee:


Invention: QUINOLIC ACID DERIVATIVES

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:

- ☐ the specification to be filed herewith.
☒ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern or organization exists.
☐ Each such person, concern or organization is listed below.

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

FULL NAME
ADDRESS

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME
ADDRESS

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME
ADDRESS

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME
ADDRESS

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR Alfred C. Nichols

SIGNATURE OF INVENTOR *Alfred C. Nichols*

DATE: 8-21-00

NAME OF INVENTOR K. Lemone Yielding

SIGNATURE OF INVENTOR *K. Lemone Yielding*

DATE: 9/5/00

NAME OF INVENTOR _____

SIGNATURE OF INVENTOR _____

DATE: _____

NAME OF INVENTOR _____

SIGNATURE OF INVENTOR _____

DATE: _____

NAME OF INVENTOR _____

SIGNATURE OF INVENTOR _____

DATE: _____

NAME OF INVENTOR _____

SIGNATURE OF INVENTOR _____

DATE: _____

NAME OF INVENTOR _____

SIGNATURE OF INVENTOR _____

DATE: _____

NAME OF INVENTOR _____

SIGNATURE OF INVENTOR _____

DATE: _____

NAME OF INVENTOR _____

SIGNATURE OF INVENTOR _____

DATE: _____

NAME OF INVENTOR _____

SIGNATURE OF INVENTOR _____

DATE: _____